

FRACTURE OF THE NECK OF THE FEMUR.

DR. ROYAL WHITMAN presented a man, about 40 years of age, who four months ago fell, sustaining an injury to the right hip. He was taken to a hospital, and after remaining there for a few days, was sent home. He suffered a good deal of pain in the region of the injured hip, and after a few weeks applied for treatment at another hospital, where a spica bandage was applied with the limb in the line of the body.

Four months had now elapsed since the accident. Examination showed that although union of the fracture had apparently occurred, yet the limb was adducted and flexed. In this case, Dr. Whitman said, the deformity should have been reduced at once under an anæsthetic, the limb put up in full abduction and fixed by a plaster spica bandage. In that event a functional cure might have been anticipated in place of the disability illustrated by the patient which could be remedied only by operation.

FRACTURE OF THE PELVIS; RUPTURE AND LACERATION OF THE URETHRA.

DR. SAMUEL ALEXANDER presented a man, 21 years old, who was admitted to Bellevue Hospital on March 4, 1908. On the evening of his admission a heavily laden wagon which he was driving was overturned and he fell under one of the wheels, which struck him upon the outer rim of the ilium and rested upon him, pinning him to the ground. He was not extricated until the wagon was lifted and he was then brought to the hospital by ambulance. He was at first admitted to the general surgical service, and examined by the house surgeon, who failed to recognize the nature of his injury. On the following morning it was found that he had retention of urine. An attempt was made to pass a catheter, and two or three ounces of blood was drawn, the catheter not entering the bladder. He was then transferred to Dr. Alexander's service.

Upon examination, the patient lay in the prone dorsal position, with the left hip flexed. Any attempt to move the hip caused great pain in the left groin. There was some ecchymosis over the crest of the ilium, and marked ecchymosis in the perineum, but no swelling.

By rectal examination a fracture of the left pelvic ramus was discovered. The fracture was oblique, and the outer frag-

ment was displaced downwards. The abdomen was tympanitic, but there was no tenderness, and no signs of extravasation of urine.

A silk coudé catheter, No. 16 F, passed without much difficulty into the bladder; the urine drawn was perfectly clear.

Operation.—A perineal section was made, using the catheter as a guide. Upon introducing the finger, after opening the membranous urethra, the sharp end of the outer fragment of bone could be felt on the right side of the urethra. The latter had been cut through, and the wall, especially upon the left side, was lacerated. The upper end of the divided urethra had retracted for about $\frac{1}{2}$ inch.

A metal perineal tube was put in place, the fracture was reduced, and the opening over the bone was plugged by a strip of iodoform gauze. The pelvis was strapped anteriorly with broad strips of adhesive plaster.

The patient was put in bed with shoulders slightly raised, and a circular rubber cushion under the buttock. Syphon drainage was established.

The tube and packing remained in place continuously and without interruption of the drainage for 8 days. The patient was kept in bed for four weeks. The perineal wound healed kindly, and with no complications. The bowels were moved by enema, and each movement was supervised to prevent soiling of the wound. At the end of four weeks dilatation of the urethra was begun by sounds. The patient was now well; the urethra admits No. 26 F without difficulty and urine was voided normally and in a good stream.

ENCYSTED HYDROCELE OF THE CORD (INGUINAL PORTION), RESEMBLING OMENTAL HERNIA.

DR. SAMUEL ALEXANDER presented a man, 20 years old, who was admitted to Bellevue Hospital on February 10, 1908, for a swelling in the right inguinal region. About one year ago the patient noticed a lump in the right groin which he says was about the size of an English walnut. He thought that at first this could be reduced by pressure, but for several months it has been impossible to reduce it, and he thinks that it is growing larger. Two weeks before admission he began to have sudden sharp shooting pains, especially at night after work. The swelling is painful when he coughs.